

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

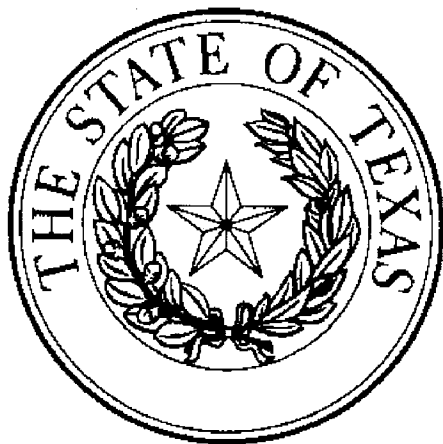
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Shamrock Fire Alarm Systems Inc.
Filing Number: 800959967

Certificate of Formation
Certificate of Termination
Public Information Report (PIR)

April 02, 2008
August 30, 2010
December 31, 2010

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 04, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

**Form 201
(Revised 1/06)**

Return in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512/463-5709
Filing Fee: \$300



**Certificate of Formation
 For-profit Corporation**

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas

APR 02 2008

Corporations Section**Article 1 – Entity Name and Type**

The filing entity being formed is a for-profit corporation. The name of the entity is:

Shamrock Fire Alarm Systems Inc.

The name must contain the word "corporation," "company," "incorporated," "limited" or an abbreviation of one of these terms.

Article 2 – Registered Agent and Registered Office

(Select and complete either A or B and complete C)

☐ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Alton	T	Phinney	
First Name	M.I.	Last Name	Suffix

C. The business address of the registered agent and the registered office address is:

4723 Irish Elm	San Antonio	TX	78247
Street Address	City	State	Zip Code

Article 3 – Directors

(A minimum of 1 director is required.)

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are as follows:

Director 1				
Alton	T.	Phinney		
First Name	M.I.	Last Name	Suffix	
4723 Irish Elm	San Antonio	TX	78247	US
Street or Mailing Address	City	State	Zip Code	Country

Director 2				
Jesse	T.	Phinney		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
4723 Irish Elm	San Antonio	TX	78247	US
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Director 3				
Laura	I.	Phinney		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
4723 Irish Elm	San Antonio	TX	78247	US
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Article 4 – Authorized Shares

(Provide the number of shares in the space below, then select option A or option B, do not select both.)

The total number of shares the corporation is authorized to issue is: 1,000

☐ A. The par value of each of the authorized shares is: _____

OR

☒ B. The shares shall have no par value.

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, the par value (or statement of no par value), and the preferences, limitations, and relative rights of each class in the space provided for supplemental information on this form.

Article 5 – Purpose

The purpose for which the corporation is formed is for the transaction of any and all lawful business for which a for-profit corporation may be organized under the Texas Business Organizations Code.

Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

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Organizer

The name and address of the organizer:

Alton T. Phinney

Name

4723 Irish Elm

San Antonio

TX

78247

Street or Mailing Address

City

State

Zip Code

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 04/02/2008


Signature of organizer

Form 651**(Revised 09/09)**

Return in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512 463-5709
Filing Fee: \$40



**Certificate of Termination
 of a
 Domestic Entity**

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas
 AUG 30 2010
Corporations Section

Entity Information

1. The name of the domestic entity is:

SHAMROCK FIRE ALARM SYSTEMS, INC.2. The entity is organized as a FOR PROFIT CORPORATION under the laws of Texas.
*e.g., for-profit corporation, limited partnership, etc.*3. The date of formation of the entity is: 04/02/20084. The file number issued to the filing entity by the secretary of state is: 0800959967**Governing Persons**

5. The names and addresses of each of the filing entity's governing persons are: (see instructions)

NAME AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
ALTON	T	PHINNEY		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
4723 IRISH ELM	SAN ANTONIO	TX	BEX	78247
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

NAME AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

RECEIVED
 AUG 30 2010
 Secretary of State

NAME AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
OR	<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
	IF ORGANIZATION			
	<i>Organization Name</i>			
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Country Zip Code</i>

NAME AND ADDRESS OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
OR	<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
	IF ORGANIZATION			
	<i>Organization Name</i>			
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Country Zip Code</i>

Event Requiring Winding Up
(See instructions.)

6. The nature of the event requiring winding up is set forth below: (Select either A, B, C, D, or E.)

- ☒ A. A voluntary decision to wind up the entity has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.
- ☐ B. The period of duration specified in the governing documents of the entity has expired.
- ☐ C. The occurrence of an event specified in the governing documents of the entity that requires the winding up, dissolution, or termination of the entity
- ☐ D. The occurrence of an event specified in the Texas Business Organizations Code that requires the winding up, dissolution, or termination of the entity
- OR**
- ☐ E. A court decree requiring the winding up, dissolution, or termination of the entity has been rendered under the provisions of the Texas Business Organizations Code or other law.

Completion of Winding Up

7. The filing entity has complied with the provisions of the Texas Business Organizations Code governing its winding up.

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. ☐ This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Tax Certificate
(Required)

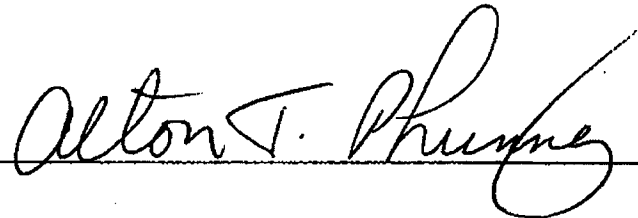
☐ Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 08/16/2010

By:



A person authorized by law to execute the filing instrument
(see instructions)

ALTON T PHINNEY

Printed or typed name of authorized person

FILED MAIL

Filing Number: 800959967

Comptroller of Public Accounts
FORM 05-102
(9-09/29)

Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Taxpayer number

3 | 2 | 0 | 3 | 6 | 6 | 7 | 1 | 3 | 5 | 5 |

Report year

2 | 0 | 1 | 0

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
SHAMROCK FIRE ALARM SYSTEMS INCMailing address
4723 IRISH ELMCity
SAN ANTONIOState
TXZIP Code
78247Plus 4
5600Secretary of State file number or
Comptroller file number

0800959967

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203667135510

SECTION A Name, title and mailing address of each officer, director or member.

Name

Title

Director

☒ YESTerm expiration m m d d y y
10/7/2011/10

Mailing address

City

State

ZIP code

Name

Title

Director

☒ YESTerm expiration m m d d y y
10/7/2011/10

Mailing address

City

State

ZIP code

Name

Title

Director

☒ YESTerm expiration m m d d y y
10/7/2011/10

Mailing address

City

State

ZIP code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any Percentage of Ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ALTON T PHINNEY

Blacken circle if you need forms to change the registered agent or registered office information.

Office: 4723 IRISH ELM

City
SAN ANTONIOState
TXZIP Code
78247

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here

Alton T Phinney

Title

Owner

Date
07/20/2010Area code and phone number
(210) 491-9510

VE/DE

☐

PIR IND

☐

102083102725

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS

P.O. Box 13528 • AUSTIN, TX 78711-3528



August 27, 2010

SHAMROCK FIRE ALARM SYSTEMS INC
4723 IRISH ELM
SAN ANTONIO, TX 78247-5600

CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS
COUNTY OF TRAVIS

I, Susan Combs, Comptroller of Public Accounts of the State of Texas, DO HEREBY
CERTIFY that according to the records of this office

SHAMROCK FIRE ALARM SYSTEMS INC

has filed all required reports for taxes administered by the Comptroller
under Title 2, Tax Code, and taxes reported due on those reports have been
paid. This certificate must be filed with the Texas Secretary of State to
legally end the entity's existence in Texas. This certificate is valid
through December 31, 2010.

GIVEN UNDER MY HAND AND
SEAL OF OFFICE in the City of
Austin, this 27th day of
August, 2010 A.D.

A handwritten signature in cursive script, reading "Susan Combs", is written over the printed name.

Susan Combs
Texas Comptroller

Taxpayer number: 32036671355
File number: 0800959967

NOTE: Failure by registered Texas entities to legally end existence with the Texas Secretary of State on or before the expiration of this
certificate will result in additional franchise tax responsibilities. Texas entities not registered with the Texas Secretary of State and
all out-of-state entities are responsible for franchise tax through the last date of business in this state.